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FROM:	Robert M. Bauer, Esquire		
CLIENT/MATTER NO:	06173.1022US		
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COMMENTS: Attached please find a Transmittal Form and Request for  
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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/516,354
Filing Date	07/28/2006
First Named Inventor	Pedro SERNA et al.
Art Unit	2619
Examiner Name	Otis L. Thompson, Jr.
Attorney Docket Number	08173.1022US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b>		
Request for Withdrawal As Attorney or Agent and Change of Correspondence Address		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	MacDonald Illig Jones & Britton LLP		
Signature	<i>Robert M. Bauer, Jr.</i>		
Printed name	Robert M. Bauer		
Date	August 11, 2008	Reg. No.	34,487

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<i>Sharon Blore</i>	
Typed or printed name	Sharon Blore	Date
	August 11, 2008	

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/516,354
Filing Date	07/28/2005
First Named Inventor	Pedro SERNA et al.
Art Unit	2618
Examiner Name	Olis L. Thompson, Jr.
Attorney Docket Number	06173.1022US

**To: Commissioner for Patents**

P.O. Box 1450  
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Please withdraw me as attorney or agent for the above identified patent application, and

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 the attorneys/agents (with registration numbers) listed on the attached paper(s), or  
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

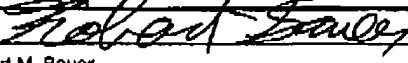
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Name	Robert M. Bauer		Registration No.	34,487
Date	August 11, 2008		Telephone No.	814/870-7600

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